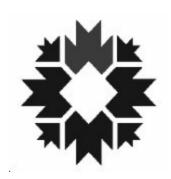
### City of Bloomington Housing and Neighborhood Development Department



Showers City Hall, Room 130 401 N. Morton P.O. Box 100 Bloomington, IN 47402 (812) 349-3401

## Rental Rehabilitation Application

#### **Checklist:**

- □ Completed application, signatures and dated
- □ Up-to-date Financial Statement
- □ Project specifications/work write up
- □ Contractor Information Statement and Affidavit (if not approved HAND contractor)
- □ Pro Forma Operating Budget
- □ Project Timeline

# Rental Rehabilitation Loan Program Application

The information collected below will be used to determine whether the project qualifies under the Rental Rehabilitation Loan Program.

A 11 (T.O. (1)						
Applicant Information:						
Applicant (include the names of all partners):				Phone:		
Applicant Address (include 2	Zip Code):			<u> </u>		
Ownership:						
* * * * * * * * * * * * * * * * * * * *				N B 6 0	•	
Individual	Partnership		oration		nization	
Contact Person:			Tel: ( )			
Property for Rehabili	tation:					
Address (include Zip Code):						
Occupancy Permit Expires: _						
Requested amount of HAN	D funds: \$					
Amount of Existing Debt on			nd amount for each so	ource):		
_						
1						
2						
3						
4						
4.						
			Total	\$		
			T		_	
Total Number of Units:			Will all the units ha	we the same utility arra	ngements'?	
			Yes No			
Type of Unit:	Maximum	Number of tha	t Type of Unit:	Current Rent	Expected Amount	
71	Occupancy		<b>J1</b>	Amounts	of Rent for Each	
					Unit:	
Efficiency				\$	\$	
1 Bedroom				\$	\$	
					_	
2 Bedroom				\$	\$	
3 Bedroom				\$	\$	
4 Bedroom				\$	\$	
Othor				¢	•	
Other: Utilities that will be exclude	d:			\$	\$	
Gas Electric Water/Sewer Other (specify)						
Total Estimated Cost of Project:  Do you have clear title to the property?						
			,	- * *		
			Yes No			

Do you intend to apply for:  Local Tax Abatement: Yes No Tax Credits: Yes No Other Assistance: Yes No Specify:	Answer for all partners:  1. Have you ever defaulted on a job/loan? Yes No 2. Have you been adjudged bankrupt? Yes No 3. Have you ever been debarred from the State or Federal contractor construction listing? Yes No clude address of project):
1	Year:
2	
3	Year:
Has an Environmental Assessment been conducted for this propert	y?
Yes No By Whom:	t? If you places attach conv
	t: If yes, please attach copy.
Yes No	
Project Price Breakdown Sheet:	
Item	Amount
Acquisition	\$
Demolition	\$
Site Work	\$
Construction costs (attach copy of work write-up/spec	sifications) \$
Architectural & Engineering Fees	\$
Appraisal	\$
Building Permits/Inspections	\$
Site Survey	\$
Environmental Survey	\$
Other Costs (title, attorney, recording, etc.)	\$
Interim Costs (insurance, interest, fees)	\$
Permanent Financing fees (closing costs, subordination	on fees) \$
Developer's Fee	\$
Marketing/Management	\$
Operating Expenses	\$
Taxes	\$
Insurance	\$
Total	\$

I hereby certify that the information provided in this application and for the purposes of obtaining financial assistance from the City of Bl Development Department (HAND) and is true and complete to the be approved, I intend to construct the rental project on the above mention and conditions of HAND's New Construction Rental Program.	oomington Housing and Neighborhood est of my knowledge. If financing is
Applicant	Date

### The Pro Forma Operating Budget

Please use annual amounts.

Operating Income:			
	\$		
1. Gross rent potential			
2. Vacancy allowance (% of Line 1)	\$		
3. Effective Gross Rent (Line 1 minus Line 2)	\$		
4. Other Income	\$		
5. Reserve for Bad Debt	\$		
Effective Gross Income (Line 3 + Line 4 - Line 5) \$			
Operating Expenses:			
Management fee		\$	
Management staff costs		\$	
Legal fees		\$	
Accounting/audit fees		\$	
Advertising/marketing		\$	
Telephone		\$	
Office supplies		\$	
Other administrative costs		\$	
Maintenance staff costs		\$	
Mechanical equipment		\$	
Decorating (paint, etc.)		\$	
Routine repairs & supplies		\$	
Exterminating		\$	
Lawn & landscaping		\$	
Trash removal		\$	
Snow removal		\$	
Electricity		\$	
Gas		\$	
Water/Sewer		\$	
Property Insurance		\$	
Real Estate Taxes		\$	
Reserve for replacement		\$	
Operating deficit reserve		\$	
Total Operating Expenses		\$	
Net Operating Income	\$		
Debt Service		\$	
Project Income/Deficit	\$	\$	
	I. '	1	

### **Project Timeline**

Planning and Implementation Phase:				
Is the property zoned for your intended use? Yes No	Is the property already served by public utilities? Yes No			
If you answered "No" to any of the above questions, please explain.				
Is this project designed for ADA? Yes No				
If no, please explain.				
Will this site require any variances or Plan Commission Yes No Please explain.	on (BZA, Board of Public Works, CBU) approval?			
165 140 Flease explain.				
Has this property been assessed for Lead Based Paint?	Have you developed a site plan (including parking)?  Yes No If No, when			
Yes No Year built:	(If yes, attach copy of site plan.)			
Construction Phase:				
Contractor's name & address:				
Has the contractor filled out the appropriate HAND d				
(See HAND for contractor packet. A list of all subcon				
Estimated construction start date:	Estimated construction completion date:			
Please attach a construction progress flow chart.				
Property Management & Marketing Phase:				
Please explain how you intended to market the projec	t to the appropriate tenant base?			
List name and address of Management Company.				
List name and address of Management Company.				
What is the amount of your security deposit? Will there be other fees, i.e. parking, pets, bus pass, etc.?				
Please attach a copy of your prospective lease.				
Other comments:				